

WORKING IN A DISASTER ENVIRONMENT

Conducting an Onsite Assessment

Upon arrival at the site, the disaster mental health worker is likely to meet with the setting manager and immediately be tasked with determining who needs help most. During this period, the mental health worker will be expected to set priorities; assess the environment, survivors, and workers; conduct interventions; and obtain closure. The importance of conducting a thorough and thoughtful onsite assessment is critical to the immediate and long-term mental health of those affected.

One way to conduct a rapid onsite assessment is to conduct a “defusing.” This term refers to the process of helping through the use of brief conversation. Because the site will likely be somewhat chaotic, defusing as a method of onsite assessment will probably consist of short conversations in passing, perhaps in line for coffee or while eating. Defusing allows the disaster mental health worker to quickly “work the room” and assess which survivors, responders, or others might need additional support, reassurance, or information. It also provides the opportunity to assess and refer those who might need more in-depth social or mental health services. Finding unobtrusive ways to be in the vicinity of survivors and responders, such as handing out blankets or offering to get someone a soft drink, can help facilitate the defusing process and may also help a victim shift from survival mode to focusing on practical steps to restabilizing.

The following are steps to conducting a “defusing”¹:

- **Establish rapport.** Informal socializing is appropriate, such as asking, “Can I get you a soft drink or a bottle of water?” Do not ask for an account of the survivor’s experience at this point, and avoid questions or statements that might be interpreted as condescending or trivializing, such as “How are you feeling?” or “Everyone is so lucky to be alive.”
- **Conduct assessments.** Assess individuals’ ability and willingness to shift from their current focus to social conversation. For example, notice if individuals are so preoccupied with their own practical concerns that they are unable to engage in light conversation with others. Ask open-ended questions related to their concerns, such as “How can I help you while you’re waiting for more information?” or “I’m not sure if they’re letting people back into the neighborhood, but I’d be glad to see if anyone has more information.” During this exchange, evaluate how individuals respond to inquiries and whether they are following the conversation.
- **Gather facts.** Fact-finding can be an efficient means of quickly determining who is most at risk due to exposure to life threat, grotesque and potentially upsetting experiences, or other traumatic stimuli. Questions such as “Where were you when it happened?” and

¹ Adapted from Young, B.H., Ford, J.D., Ruzek, J.I., Friedman, M.J., & Gusman, F.D. (1998). Disaster mental health services: A guidebook for clinicians and administrators. Menlo Park, CA: National Center for Post-Traumatic Stress Disorder, U.S. Department of Veterans Affairs.

“Were there other people with you?” also are much easier for survivors to answer at this stage than questions asking them to relay their thoughts or feelings.

- **Inquire about thoughts.** Using the description of facts that the survivors have provided, ask probing questions about their associated thoughts, such as “What were your first thoughts when it happened?” “What are you thinking now that the immediate threat is over?” “Is there anything, in particular, that you keep thinking about?”
- **Validate feelings.** Inquiring about feelings at this time is probably not appropriate. Be cautious about asking these types of questions. The defusing in this context is meant only to provide useful information to enable the mental health worker to make a rapid assessment of needs. It serves as a brief intervention that precludes in-depth exploration and ongoing support. Therefore, it is important to avoid questions that might heighten a survivor’s sense of vulnerability or cause overwhelming anxiety. Look for opportunities to validate common emotional reactions and concerns, providing assurance by helping the survivor to understand typical reactions to abnormal events and situations. While helping survivors to understand the common course of traumatic reactions will not bring closure to their experience, it may give the survivor a greater sense of control and may help to prevent emotional numbing or dissociation.
- **Provide support and reassurance.** Though listed as the last step, providing support through reflective listening, dispensing information, and offering practical help should actually take place throughout the interaction. As the mental health worker moves to closure of the defusing, it is important to assess the survivor’s support system to determine if a referral for social or mental health services is necessary. If a strong support system exists, emphasize the value that such social support can have in the recovery process. In addition, members of the CRP staff conveyed the idea that helping survivors recall their successful coping strategies for previously stressful experiences also was enormously helpful.

Identifying the “Leader” in a Disaster Environment

In the United States, a national response to large-scale traumatic events, such as natural disasters and acts of terrorism, is conducted through a coordinated approach involving local, state, and federal agencies. Familiarity with how a response is coordinated may be helpful in identifying who may be in charge at the site.

The Federal Response Plan (FRP) is the starting point from which all coordination decisions are made. The FRP provides for 12 Emergency Support Functions (ESF), each of which is headed by an agency that may act as the lead coordinator at a terrorism site. Mental health services fall under ESF#8, Health and Medical Services, headed by the Department of Health and Human Services (DHHS). However, other agencies may lead the effort, depending on the nature of the event. The lead agency is often unclear until officially announced.

The table below lists each function and their lead agency.

Table 1. Emergency Support Functions and Lead Agencies

Emergency Support Function	Lead Agency
ESF #1—Transportation	Department of Transportation
ESF #2—Communications	National Communications System
ESF #3—Public Works and Engineering	U.S. Army Corps of Engineers, Department of Defense
ESF #4—Firefighting	U.S. Forest Service, Department of Agriculture
ESF #5—Information and Planning	Federal Emergency Management Agency
ESF #6—Mass Care	American Red Cross
ESF #7—Resource Support	General Services Administration
ESF #8—Health and Medical Services	Department of Health and Human Services
ESF #9—Urban Search and Rescue	Federal Emergency Management Agency
ESF #10—Hazardous Materials	Environmental Protection Agency
ESF #11—Food	Food and Nutrition Service, Department of Agriculture
ESF #12—Energy	Department of Energy

Working Alongside Others

It is important to be aware of the other responders who may be present onsite. Some will perform very specific tasks, such as searching for survivors, driving ambulances, or directing traffic. Others will provide more general assistance, such as calming crowds and handing out supplies. The following table provides an idea of who those other service providers might be.

Table 2. Who Else Might Be Found Onsite

Local Response Public Agencies	<ul style="list-style-type: none"> • Fire and rescue department • Law enforcement • Local emergency management • Public works • Emergency medical services • Hospitals • Local officials • Survivor services • Human services
Local Response Private Agencies and Civilians	<ul style="list-style-type: none"> • American Red Cross • Salvation Army • Unmet Needs Committee • Community action groups • Good Samaritans • Clergy • Media • Employee assistance programs • Funeral homes
State Response	<ul style="list-style-type: none"> • State emergency management • State medical examiner's office • Public works • National Guard • Highway patrol • Public health • Governor's office • State attorney's office • State crime survivor compensation program • Consumer Protection Agency
*Federal Response	<ul style="list-style-type: none"> • Federal Bureau of Investigation (FBI) • Bureau of Alcohol, Tobacco, and Firearms (ATF) • Office for Victims of Crime (OVC) • Federal Emergency Management Agency (FEMA) • Public Health Service (PHS) • Centers for Disease Control and Prevention (CDC) • Center for Mental Health Services (CMHS) • General Services Administration (GSA) • Small Business Administration (SBA) • Department of Veterans Affairs (VA)

*Note that many agencies are from a larger unit. CMHS and PHS, for example, are part of DHHS. Onsite, workers will probably identify themselves as being from CMHS or PHS, not DHHS.